## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10657980-

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |              |   |                                      |                                |                      |                  |     | SMALL ENTITY TYPE   |                        | OTHER THAN<br>OR SMALL ENTITY |                         |                        |
|--|--------------|---|--------------------------------------|--------------------------------|----------------------|------------------|-----|---------------------|------------------------|-------------------------------|-------------------------|------------------------|
| TOTAL CLAIMS   |              |   | 47                                   |                                |                      |                  | l   | RATE                | FEE                    | )<br>                         | RATE                    | FEE                    |
| FOR  |              |   | NUMBER FILED                         |                                | NUMB                 | ER EXTRA         |     | BASIC FEE           | 375.00                 | OR                            | BASIC FEE               | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |              |   | 47 minus 20=                         |                                | * 27                 |                  |     | X\$ 9=              |                        | OR                            | X\$18=                  | 486                    |
| IND  | EPENDENT CL  | AIMS                                      |                                      | nus 3 =                        | * 6                  |                  |     | X42=                |                        |                               | X84=                    | 400                    |
| ML   | LTIPLE DEPEN | DENT CLAIM P                              | RESENT                               |                                |                      | П                |     |                     |                        | OR                            |                         |                        |
| * If the difference in column 1 is less than zero, enter   |              |   |                                      |                                | "O" in a             | okuma 0          |     | +140=               |                        | OR                            | +280=                   |                        |
|  |              |   |                                      |                                |                      |                  |     | TOTAL               |                        | OR                            | TOTAL                   | 1236                   |
|  | C            | (Column 1)                                | MENDED - PART II(Column 2) (Column 3 |                                |                      |                  | L   | SMALL ENTITY        |                        |                               | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A  |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUMI<br>PREVIC<br>PAID | BER<br>DUSLY         | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total        | *   | Minus                                | **                             |                      | =                | ] ] | X\$ 9=              |                        | OR                            | X\$18=                  |                        |
|  | Independent  | *   | Minus                                | ***                            |                      | =                |     | X42=                |                        | OR                            | X84=                    |                        |
|  | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEP                          | ENDENT                         | CLAIM                |                  | ]   | +140=               |                        | OR                            | +280=                   |                        |
|  |              |   |                                      |                                |                      |                  | L   | TOTAL               | -                      | OΒ                            | TOTAL                   |                        |
| (Column 1) (Column 2) (Column 3)   |              |   |                                      |                                |                      |                  |     | ADDIT. FEE          |                        |                               | ADDIT. FEE              |                        |
| AMENDMENT B  |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVIO<br>PAID  | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total        | *   | Minus                                | **                             | · <del></del>        | =                | ] [ | X\$ 9=              |                        | OR                            | X\$18=                  |                        |
|  | Independent  | *   | Minus                                | ***                            |                      | -                |     | X42=                |                        | OR                            | X84=                    |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |              |   |                                      |                                |                      |                  |     | +140=               | ·                      | OR                            | +280=                   |                        |
|  |              |   |                                      |                                |                      |                  | 4   | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE     |                        |
|  |              | <u> </u>                                  |                                      |                                |                      |                  |     |                     |                        |                               |                         |                        |
| AMENDMENT C  |              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY         | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total        | *   | Minus                                | **                             |                      | = .              |     | X\$ 9=              |                        | OR                            | X\$18=                  |                        |
| AME  | Independent  | *   | Minus                                | ***                            |                      | <u> </u>         | ┧╏  | X42=                |                        | OR                            | X84=                    |                        |
| Ļ  | FIRST PRESE  | NTATION OF M                              | JLTIPLE DEF                          | ENDENT                         | CLAIM                |                  | ┧┟  | +140=               |                        |                               |                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |              |   |                                      |                                |                      |                  |     |                     |                        | OR                            | +280=<br>TOTAL          |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FE |              |   |                                      |                                |                      |                  |     |                     |                        |                               |                         |                        |